## Labor Organization Officer and Employee Report

## U.S. Department

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Office of Labor-Management Standards



This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439,440.				Form approved - OMB No. 1215-0188 Expires 11-30-99	
1. Name and address of person filing Steven R. Rood 3586 S. Pleasant Green Dr. Magna, UT 84044		2. Name and address of lat IATSE Local 526 W. 800 SLC, UT 84	99 S.		
Business Agent	4. Date fiscal year 12-31-00		5. File number (if ass	382	
Enter appropriate data below if, during the past fis terests (except as specified in the exclusions set f	cal year, you or yo forth in the instruc	ur spouse or minor child di tions):	rectly or indirectly had	any of the following in-	
<ul> <li>Held an interest in, engaged in transactions (ir employer whose employees your organization</li> </ul>	ncluding loans) with represents or is a	i, or derived income or othe ctively seeking to represent.	er economic benefit of r	monetary value from an	
6. Name of Employer Utah Theatrical Payroll St	c. Inc.,	Address of Employer 526 W. 800 S.	SLC, UT 8410	)1	
7. Nature of Interest, Transaction or Income Board of Director - \$1,200 Payroll Clerk - \$19, 592.0					
B. Held an interest in or derived income or economic from, selling or leasing to, or otherwise dealing we seeking to represent, or (2) any part of which con organization or with a trust in which your labor organization.	ith the business of a sists of buying from	in employer whose employee or selling or leasing directly o	s your labor organization	represents or is actively	
8. Name of business		Address of business			
9. Business deals with—  A. Labor Organization B. Trust	☐ C. Employer	10. If 9B or 9C is checked	give trust or employer's r	name	
11. Nature and approximate dollar value of such dealing	ngs		·		
			DE B	E D W E	
12. Nature of interest held or income received				SDOL/ESA %S/DOE/SRD	
C. Received from any employer (other than an er any payment of money or other thing of value	mployer covered und	der parts A and B above) or fr	rom any labor relations c	onsultant to an employer	
13. Name and address of employer  or	consultant	14. Nature of payment			
IF MORES	SPACE IS NEEDED	ATTACH ADDITIONAL SH	IEETS		
<ol> <li>Signature and verification—The undersigned of the attachments incorporated therein or referred correct and complete.</li> </ol>	declares, under the a d to in this report, ha	applicable penalties of the law as been examined by him and	, that all of the information d is, to the best of his kn	on in this report, including owledge and belief, true.	
Signed: SUTON'	at Sout L	DICE CITY	UTM4 State	on 3/12/01	
	Gity		State	Date Form LM-30 (Rev. 1986)	